

## APPLICATION FOR A VITAL RECORD

### Instructions:

1. Type or print all information clearly.
2. Cost of certified copies is **\$10.00**
3. Sign and date application and return it with your check or money order (made payable to the Town of Jericho) to the address below. **Do not mail cash.**

### RECORD REQUESTED

Type of Record	1 Birth	2 Death	3 Marriage	4 Civil Union
(circle one and fill out appropriate section)				

Name on Certificate: \_\_\_\_\_

Date of Event: \_\_\_\_\_

#### (1) BIRTH

Maiden name of Mother: \_\_\_\_\_ Name of Father: \_\_\_\_\_

#### (2) DEATH

Age at Death: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City and State of Birth: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_

#### (3) MARRIAGE

Groom's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Bride's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

#### (4) CIVIL UNION

Partner's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Partner's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### APPLICANT INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Your relationship to the person on the certificate: \_\_\_\_\_

Intended use of the certificate: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_